Missouri Pharmacy Program – Preferred Drug List

Pulmonary Arterial Hypertension (PAH) Agents (Inhaled and Injectable)

Effective 01/10/2013
Revised 01/10/2019

**Preferred Agents**
- Epoprostenol (injection)
- Revatio® (injection)
- Ventavis® (inhalation)

**Non-Preferred Agents**
- Flolan® (injection)
- Remodulin® (injection)
- Sildenafil (injection)
- Tyvaso® (inhalation)
- Veletri® (injection)

### Approval Criteria

<table>
<thead>
<tr>
<th>WHO Group Condition</th>
<th>ICD-9 CM Diagnosis</th>
<th>Description</th>
<th>ICD-10 CM Diagnosis</th>
<th>Description</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Group 1 with WHO functional classification III-IV</td>
<td>416.0</td>
<td>Pulmonary Arterial Hypertension</td>
<td>I27.0</td>
<td>Primary pulmonary hypertension</td>
<td>720 days</td>
</tr>
<tr>
<td>WHO Group 4 Chronic Thromboembolic Pulmonary Hypertension (CTEPH)</td>
<td>416.8</td>
<td>Other chronic pulmonary heart diseases</td>
<td>I27.2</td>
<td>Other secondary pulmonary hypertension</td>
<td>720 days</td>
</tr>
<tr>
<td>WHO Group 5 Sarcoidosis only</td>
<td>416.8</td>
<td>Other chronic pulmonary heart diseases</td>
<td>I27.89</td>
<td>Other specified pulmonary heart diseases</td>
<td>720 days</td>
</tr>
</tbody>
</table>

- Documented compliance on current therapy regimen
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Combination therapy if:
  - Patient treated with first line monotherapy with an adequate trial and still has symptoms of WHO class III or IV

### Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
• Drug Prior Authorization Hotline: (800) 392-8030